а	Control number		OMB No. 15	45-0008	Safe, a	uccurate, Use	<b>e</b> √fi	Ð	Visit the IRS at www.irs.go	
<b>b</b> Employer identification number (EIN)						ages, tips, other c	ompensation	2 Fed	leral income t	ax withheld
c Employer's name, address, and ZIP code						3 Social security wages 4 Social security tax		ax withheld		
						5 Medicare wages and tips 6 Medicare tax withheld			hheld	
					<b>7</b> Sc	ocial security tip	s	8 Allo	ocated tips	
d	Employee's social security number	ber			<b>9</b> Ac	lvance EIC payr	nent	<b>10</b> De	pendent care	benefits
е	Employee's first name and initia	l Last name			<b>11</b> No	onqualified plans	5	<b>12a</b> See	instructions	for box 12
					13 Statut	ory Retirement pyee plan	Third-party sick pay	<b>12b</b>		
					<b>14</b> Ot	her		12c		
								<b>12d</b>		
f	Employee's address and ZIP co	ode								
15	State Employer's state ID num	nber <b>16</b> S	State wages, tips, etc.	17 State incom	e tax	18 Local wage	s, tips, etc.	19 Local in	come tax	20 Locality name

Wage and Tax Statement

2005

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

а	Control number		OMB No. 15	45-0008	Safe, a	uccurate, Use	<b>e</b> √fi	Ð	Visit the IRS at www.irs.go	
<b>b</b> Employer identification number (EIN)						ages, tips, other c	ompensation	2 Fed	leral income t	ax withheld
c Employer's name, address, and ZIP code						3 Social security wages 4 Social security tax		ax withheld		
						5 Medicare wages and tips 6 Medicare tax withheld			hheld	
					<b>7</b> Sc	ocial security tip	s	8 Allo	ocated tips	
d	Employee's social security number	ber			<b>9</b> Ac	lvance EIC payr	nent	<b>10</b> De	pendent care	benefits
е	Employee's first name and initia	l Last name			<b>11</b> No	onqualified plans	5	<b>12a</b> See	instructions	for box 12
					13 Statut	ory Retirement pyee plan	Third-party sick pay	<b>12b</b>		
					<b>14</b> Ot	her		12c		
								<b>12d</b>		
f	Employee's address and ZIP co	ode								
15	State Employer's state ID num	nber <b>16</b> S	State wages, tips, etc.	17 State incom	e tax	18 Local wage	s, tips, etc.	19 Local in	come tax	20 Locality name

Wage and Tax Statement

2005

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.



## Complete form using BLACK INK

2005

Г	our :	social security number Sp	oouse's socia	al security numb	ber	1				
		1 1	I I	 						
		legal last name int return, spouse's legal last name		egal first name Spouse's legal f		le initial and middle initial		If you want \$1 Fund, check box	((es). You	Election Campaign  Your spouse
	Home	e address (number and street)					Tax district	x(es) will not chang	je your tax or refund.	
2		, address (namps, and subst)		city, village, or town,						
	City o	or post office		S	State	Zip code			_	at the end of 2005.
								Fill in \	City Uillag	ge Town
		g status						name		
)		ck only one box)						County of		
		Single					School district Fill in your			
l		Married filing joint return (even if only one had income				school district number (see page 24)				
Г										
	1	Income from line 4 of fede	eral Form	1040EZ					1	.00
	2	If your parent (or someone	else) ca	n claim you	ı (or you	ur spouse) as	a deper	ndent, check her	re • 2 🗌	
51115	3	3 Fill in the <b>standard deduction</b> for your filing status from table, page 16. <b>But</b> if you checked the box on line 2, fill in the amount from worksheet on back								.00
aren	4 Subtract line 3 from line 1. If line 3 is larger than line 1, fill in 0									.00
9 36	5 Deduction for exemptions. Fill in \$700 (\$1,400 if married, or 0 if you checked the box									
	on line 2 – see instructions on back)								5	<b>.</b> 00
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, fill in 0. This is your taxable income 6									.00
200	7	7 Tax. Use amount on line 6 to find your tax using table, page 17								.00
<u>,</u>	8	School property tax credit								
		8a Rent paid in 2005 – heat i	included .			<b>.</b> 00	Find cre	edit from	00	
		Rent paid in 2005 – heat r	not include	ed		<b>.</b> 00	,	age 9 <b>8a</b>	.00	
		8b Property taxes paid on ho	me in 200	5		<b>.</b> 00	table pa	edit from age 10 . <b>8b</b> _	<b>.</b> 00	
	9	Working families tax credit (\$19,000 if married filing jo						9	<b>.</b> 00	
	10	Married couple credit. Wa	ges <b>10a</b> '	Yourself		.00				
		(see instructions on reverse side)	10b S	Spouse		<b>.</b> 00				
ומו		10c Fill in smaller of 10a or 10b	but no mor	e than \$16,0°	00		.00 x .03	= . 10c	<u>.00</u>	
	11	1 Add credits on lines 8a, 8b, 9, and 10c								<b>.</b> 00
2	12	Subtract line 11 from line 7. If line 11 is larger than line 7, fill in 0. This is your net tax							12	<b>.</b> 00
	13	3 Sales and use tax due on out-of-state purchases (see page 11)								<b>.</b> 00
5	14	4 Endangered resources donation (decreases refund or increases amount owed)								<b>.</b> 00
2	15	5 Packers football stadium donation (decreases refund or increases amount owed) 15							<b>©</b> 15	<b>.</b> 00
	16	16 Breast cancer research donation (decreases refund or increases amount owed)								<b>.</b> 00
	17	7 Veterans trust fund donation (decreases refund or increases amount owed)							<b>VETS</b> 17	<b>.</b> 00
[	18	Add lines 12 through 17 .							18	<b>.</b> 00

19	Amount from line 18	19		<b>.</b> 00	<u>)</u>
20	Wisconsin income tax withheld. Enclose readable withholding statements	20		<u>.</u> 00	<u>)</u>
21	If line 20 is larger than line 19, subtract line 19 from line 20 This is <b>YOUR REFUND</b>	21		<b>.</b> 00	<u>)</u>
22	If line 19 is larger than line 20, subtract line 20 from line 19 This is the <b>AMOUNT YOU OWE</b>	22		<b>.</b> 00	<u>)</u>
_	gn below Under penalties of law, I declare that this return is true, correct, and complete to the best signature  Spouse's signature (if filling jointly, BOTH must sign)			and belief	f
		'	Date		



## INSTRUCTIONS

Read "Which Form to File for 2005" on page 2 of the Form 1A instructions to see which form is right for you.

Prepare one copy of Form WI-Z for your records and another copy to be filed with the Department of Revenue.

**Filling in Your Return** Use black ink to complete the copy of the form that you file with the department. Round off cents to the nearest dollar. Drop amounts under 50¢ and increase amounts from 50¢ through 99¢ to the next dollar. If completing the form by hand, do not use commas when filling in amounts.

Name and Address If a label with your name is on the front cover, remove the label and place it in the name and address area of the tax return that you file. If your name or address is wrong, draw a line through the incorrect information and print the correct information clearly on the label. Do not use the label if your name is not on it.

If you do not have a label, print your legal name and address. If you filed a joint return for 2004 and are filing a joint return for 2005 with the same spouse, enter your names and social security numbers in the same order as on your 2004 return.

Line 2 Dependents Check the box on line 2 if your parent (or someone else) can claim you (or your spouse) as a dependent on his or her return. Check the box even if that person chose not to claim you.

**Line 3** If you checked the box on line 2, use this worksheet to figure the amount to fill in on line 3.

A. Wages, salaries, and tips included in line 1 of Form WI-Z. (Do not include interest income or taxable scholarships or fellowships not reported on a W-2.)	A
B. Addition amount	B250.00
C. Add lines A and B. If total is less than \$800, fill in \$800	C
D. Fill in the standard deduction for your filing status using table, page 16	D
E. Fill in the SMALLER of line C or D here and on line 3 of Form WI-Z	E

**Line 5** A personal exemption is not allowed for a person who can be claimed as a dependent on someone else's return. If you are single and can be claimed as a dependent, fill in 0 on line 5. If you are married and both spouses can be claimed as a dependent, fill in 0 on line 5. If you are married and only one of you can be claimed as a dependent, fill in \$700 on line 5.

Lines 8a and 8b School Property Tax Credit You may claim a credit if, during 2005, you paid rent for living quarters used as your primary residence OR you paid property taxes on your home. See the instructions for lines 20a and 20b of Form 1A. The total credits on lines 8a and 8b cannot exceed \$300.

Line 9 Working Families Tax Credit You may claim a credit if line 1 of Form WI-Z is less than \$10,000 (\$19,000 if married filing a joint return). But, you cannot claim a credit if you can be claimed as a dependent on another person's return. See the instructions for line 21 of Form 1A.

**Line 10 Married Couple Credit** If you are married and you and your spouse were both employed in 2005, you may claim the married couple credit. Complete the following steps:

- Fill in your 2005 wages on line 10a. Fill in your spouse's wages on line 10b.
- (2) Fill in the smaller of line 10a or 10b (but not more than \$16,000) in the space provided on line 10c.
- (3) Multiply the amount determined in Step 2 by .03 (3%).
- (4) Fill in the result (but not more than \$480) on line 10c.

Line 13 Sales and Use Tax Due on Out-of-State Purchases If you made purchases from out-of-state firms during 2005 and did not pay a sales and use tax, you may owe Wisconsin sales and use tax. See the instructions for line 26 of Form 1A.

**Line 14 Endangered Resources Donation** Your donation supports the preservation and management of more than 200 endangered and threatened Wisconsin plants and animals. Fill in line 14 for the amount you wish to donate.

**Line 15 Packers Football Stadium Donation** You may designate an amount as a Packers football stadium donation. Your donation will either reduce your refund or be added to tax due.

**Line 16 Breast Cancer Research Donation** You may designate an amount as a breast cancer research donation. Your donation will either reduce your refund or be added to tax due.

**Line 17 Veterans Trust Fund Donation** You may designate an amount as a veterans trust fund donation. Your donation will either reduce your refund or be added to tax due.

Line 20 Wisconsin Income Tax Withheld Fill in the total amount of Wisconsin income tax withheld as shown on your withholding statements (W-2s). Do not include income tax withheld for any state other than Wisconsin.

**Line 21 or 22** Fill in line 21 or 22 to determine your refund or amount you owe. If you owe an amount, write your social security number on your check or money order. Paper clip it to Form WI-Z. See page 14 for information on paying by credit card.

**Sign and Date Your Return** Form WI-Z is not a valid return unless you sign it. If married, your spouse must also sign.

Attachments and Enclosures Enclose a copy of each of your withholding statements. If you owe an amount with your return, paper clip your payment to the front of Form WI-Z. See Form 1A instructions for other attachments that may be required. Do not attach a copy of your federal return.